

IDENTIFYING INFORMATION	
Name: _____	
Street: _____	Phone: (____) _____
City: _____	County: _____ Zip: _____

1	Social Security Number _ _ _ - _ - _ _ _ _	Document MUST show Social Security Number <input type="checkbox"/> Social Security card/benefits letter <input type="checkbox"/> KAMES screen (do NOT copy, complete W.I.A.-210 Part B) <input type="checkbox"/> Social Services agency document <input type="checkbox"/> Pay stub <input type="checkbox"/> IRS form letter-1722 <input type="checkbox"/> W-2 <input type="checkbox"/> For prisoners, State Record card (Resident Record card)
2	Age/Birthdate _ _ / _ _ / _ _ _ _ MM DD YYYY _____ Age	Document MUST show date of birth. <input type="checkbox"/> U.S. birth certificate/Vital Statistics VS-26 <input type="checkbox"/> Valid driver's license/permit <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> For prisoners, State Record card <input type="checkbox"/> School records/ID card <input type="checkbox"/> Permanent Resident Card (INS Form I-551) <input type="checkbox"/> Public Assistance/Social Services agency document/records
3	Citizenship/Alien Status <input type="checkbox"/> Citizen <input type="checkbox"/> Legal Alien	<input type="checkbox"/> U.S. birth certificate <input type="checkbox"/> U.S. passport <input type="checkbox"/> Hospital record of birth <input type="checkbox"/> For prisoners, State Record card <input type="checkbox"/> Unexpired foreign passport with I-551 stamp (eligible to work) or attached INS 1-94 <input type="checkbox"/> Certification of Naturalization (INS Form N-550 or N-570) <input type="checkbox"/> Certificate of U.S. Citizenship (INS Form N560 or N-561) <input type="checkbox"/> Native American Tribal documentation <input type="checkbox"/> Valid driver's license/permit AND Social Security card (except a SSN card stamped "not valid for employment") <input type="checkbox"/> DD-1173 AND Social Security card (except a SSN card stamped "not valid for employment") <input type="checkbox"/> Alien Registration/Permanent Resident card <u>Indicating Right to Work</u> (INS Forms I-151, I-551, I-94, I-179, I-688, I-688A, I-688B, I-197, I-327, I-571)
4	Selective Service Status This section is not a requirement for individuals born on or before 12/31/59. <input type="checkbox"/> Not Required to Register <input type="checkbox"/> Local Registration Selective Service Reg. # _____	<input type="checkbox"/> On-line system data base <input type="checkbox"/> LWIA/State receipt of registration <input type="checkbox"/> Post office receipt of registration <input type="checkbox"/> Selective Service verification form <input type="checkbox"/> Phone contact with the Selective Service (847-688-6888) If "Not required to register" is marked, state reason. _____

PART A

PART B

YOUTH ELIGIBILITY AND ECONOMIC ELIGIBILITY

☐ YOUTH (Mandatory Information)

☐ ADULT (If Applicable, see instructions)

<p>1a</p> <p><input type="checkbox"/> Cash Public Assistance NOTE: Listed documents acceptable for any individual who is a family member.</p> <p><input type="checkbox"/> Food Stamps</p> <p><input type="radio"/> Homeless</p> <p><input type="checkbox"/> Foster Child</p> <p><input type="checkbox"/> Title V – Older Americans</p> <p>If not in one of the above categories, see Instructions for computing income.</p>	<p><input type="checkbox"/> Public Assistance check/document/records</p> <p><input type="checkbox"/> Copy of an individual's SSI (Supplemental Security Income) check</p> <p><input type="checkbox"/> Refugee Assistance records</p> <p><input type="checkbox"/> Written statement from Social Services agency</p> <p><input type="checkbox"/> Medical card showing Cash Grant status [cash grant status shown as 4th digit in case number is a "C", "W" or "KC" (for KTAP/TANF) or an "A", "B", or "D" (for SSI) or "X" for foster child]</p> <p><input type="checkbox"/> W.I.A.-210 Part B (as allowed by page 2 of WIA-210 instructions)</p> <p><input type="radio"/> Written statement from individual providing temporary residence</p> <p><input type="radio"/> Written statement from shelter</p> <p><input type="checkbox"/> Decree of court</p> <p><input type="checkbox"/> Title V eligibility document</p>
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OR

<p>1b</p> <p><input type="checkbox"/> Family Size</p> <p><input type="checkbox"/> Decree of court</p> <p><input type="checkbox"/> Medical Card</p> <p><input type="checkbox"/> Birth certificate</p> <p><input type="checkbox"/> Marriage certificate</p>	<p># in Family _____</p> <p><input type="checkbox"/> Public Housing Authority, if a resident or on a waiting list</p> <p><input type="checkbox"/> Public Assistance/Social Service agency record</p> <p><input type="checkbox"/> Most recent tax return, supported by IRS documents (Form-1722)</p> <p><input type="checkbox"/> Written statement from a publicly supported 24-hour care facility/institution (e.g., mental health, prison)</p> <p><input type="checkbox"/> AS A LAST RESORT, applicant statement using W.I.A.-210 Part A</p>
<p>AND</p>	
<p>Individual/Family Income Total \$ _____ (compare 12 months of income to chart)</p> <p><input type="checkbox"/> Award letter form VA</p> <p><input type="checkbox"/> Alimony</p> <p><input type="checkbox"/> Farm/business financial records</p> <p><input type="checkbox"/> UI documents and/or printout</p> <p><input type="checkbox"/> Pension statement</p> <p><input type="checkbox"/> Employer statement/contact</p> <p><input type="checkbox"/> Bank statement for direct deposit.</p> <p><input type="checkbox"/> Pay stubs</p> <p><input type="checkbox"/> Compensation Award letter</p> <p><input type="checkbox"/> Social Security Benefits</p> <p><input type="checkbox"/> Housing Authority verification</p> <p><input type="checkbox"/> Quarterly Estimated Tax</p> <p><input type="checkbox"/> AS A LAST RESORT, applicant statement using W.I.A.-210 Part A</p>	

<p>1c</p> <p><input type="checkbox"/> (Complete this section for an individual with a disability.)</p> <p>Disability verified by: <input type="checkbox"/> Letter from Drug or Alcohol Rehabilitation Agency <input type="checkbox"/> Medical records <input type="checkbox"/> Physician's statement <input type="checkbox"/> Psychiatrist's diagnosis <input type="checkbox"/> Psychologist's diagnosis <input type="checkbox"/> Social Security Administration Disability records <input type="checkbox"/> School records <input type="checkbox"/> VA letter/records <input type="checkbox"/> Social Services records/referrals <input type="checkbox"/> Observable condition (applicant statement needed) <input type="checkbox"/> Voc. Rehab. letter <input type="checkbox"/> AS A LAST RESORT, applicant statement using W.I.A.-210 Part A</p>	<p>AND</p> <p>Family size is ONE for comparing to Low Income Criteria Chart: Individual's income is \$ _____</p> <p>Income verified by: <input type="checkbox"/> Employer statement/contact <input type="checkbox"/> Alimony <input type="checkbox"/> Refugee Assistance records <input type="checkbox"/> Copy of an individual's SSDI (Supplemental Security Disability Income) check <input type="checkbox"/> Farm/business financial records <input type="checkbox"/> Award letter from VA <input type="checkbox"/> Pay stubs <input type="checkbox"/> Compensation Award letter <input type="checkbox"/> Pension statement <input type="checkbox"/> Quarterly Estimated Tax <input type="checkbox"/> UI documents and/or printout <input type="checkbox"/> W.I.A.-210 Part B (as allowed by page 1 of instructions) <input type="checkbox"/> AS A LAST RESORT, applicant statement using W.I.A.-210 Part A</p>
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1d	ECONOMICALLY DISADVANTAGED CRITERIA MET? YES <input type="checkbox"/> NO <input type="checkbox"/>
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2	<p>YOUTH BARRIER (If yes is marked in item 1d, enter youth barrier. See instructions).</p> <p>Specify barrier _____ and attach documentation.</p>
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3	<p>YOUTH SPECIAL RULE (If "no" is marked in Item 1d, and the LWIA is allowing the use of the 5% window, enter the appropriate 5% barrier; otherwise, go to Part F. If the individual does NOT have one of these barriers, skip to Part E and complete).</p> <p>Specify barrier _____ and attach documentation.</p>
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APPLICANT SECTION

PART D

I attest that the information provided is true to the best of my knowledge. I am aware that I am subject to immediate termination if I am found to be ineligible after enrollment, and that I will be held financially liable for any W.I.A. Title I funds expended on my behalf due to false or misleading information which I provided.

Applicant Signature

Date

Parent/Guardian Signature

Date

AGENCY STAFF USE ONLY

PART E

W.I.A. Title I Program(s) Eligible For:

Dislocated Worker ☐

(Age 18 and older)

Youth ☐

(Age 14 through 21)

Adult ☐

(Age 18 and older)

NEG ☐

(See NEG instructions)

Form not completed because Part ____, Item ____ indicates ineligibility.

I attest that the verification process has been completed in accordance with W.I.A. Title I Regulations, and the individual is eligible or ineligible.

Authorized Staff Signature

Date Eligibility Determined

PART F

UPDATE OF W.I.A. Title I Program(s) Eligible For:

Dislocated Worker ☐

(Age 18 and older)

Youth ☐

(Age 14 through 21)

Adult ☐

(Age 18 and older)

NEG ☐

(See NEG instructions)

I attest that the update process has been completed in accordance with W.I.A. Title I Regulations and that the individual is eligible for the category specified in this section.

Authorized Staff Signature

Date of Update

Name

Social Security Number

TITLE I, WORKFORCE INVESTMENT ACT W.I.A.-20 ELIGIBILITY AND VERIFICATION INSTRUCTIONS

PURPOSE OF FORM

The W.I.A.-20 is used to record specific verification items documenting eligibility for ALL dislocated workers, adult and youth individuals. Dislocated workers and adults must be determined eligible prior to registration and receipt of staff assisted core, intensive, or training services. Youth must be determined eligible prior to registration when W.I.A. local staff concludes the youth is in need of Title I W.I.A. services.

The W.I.A.-20 should never be completed by the applicant or backdated. Complete the form in ink with corrections crossed out and initialed.

Words in *Italics* on form and in instructions are defined in the attached Definitions Section.

IDENTIFYING INFORMATION

Enter individual's full name, address, and phone number. If no phone, enter phone number of someone who can contact the individual.

Enter individual's name and Social Security number at bottom of pages 2-4.

ACCEPTABLE VERIFICATION OR DOCUMENTATION SOURCES

At the time of eligibility determination, 100 percent up-front verification is required. This policy requires that all backup documentation (photocopy acceptable) for the Social Security number, age, citizenship, Selective Service status, and eligibility category provided by the individual be verified by one of the following methods and in the following order of priority:

- Copy of source document (includes computer data screen, except KAMES) and placed in the CRU unless document cannot legally be copied or copy machine is not available.
- Source document or computer data screen (e.g. KAMES) viewed with pertinent information recorded on the W.I.A.-210 Part B, Title I Eligibility Documentation, (such as document used, date viewed, statements of fact, etc.) used to lend credibility to the verification process.
- Telephone verification from governmental and employer source with name of individual contacted, his/her telephone number and position as well as statements of fact relating to data verified to lend credibility to the verification process, recorded on the W.I.A.-210, Part B.
- **As a last resort**, for adults and youth, form W.I.A.-210 Part A, may be used if so indicated in the documentation sources section of the WIA-20 form.
- **A list of source document titles** is included following the Definitions Section.

PART A

GENERAL ELIGIBILITY ITEMS AND ACCEPTABLE VERIFICATION SOURCES

COMPLETE GENERAL ELIGIBILITY INFORMATION (items 1, 2, 3, and 4) for ALL individuals regardless of eligibility group (dislocated workers, adult, or youth,).

Item 1 SOCIAL SECURITY NUMBER

An individual must have a Social Security number in order to receive services. Enter individual's Social Security number and mark documentation used for verification.

Item 2 AGE/BIRTH DATE

Enter individual's birth date and age. Mark documentation used for verification.

An adult and dislocated worker must be 18 years or older to be eligible for WIA core, intensive or training services as defined in the W.I.A. Section 101(1). Youth must be age 14-21 to be eligible for WIA services as defined in the W.I.A. Section 101(13). Individuals age 18-21 may receive services as a youth and adult concurrently.

Item 3 CITIZENSHIP/ALIEN STATUS

Check whether individual is a citizen or legal alien. Mark documentation used or verification.

Per the W.I.A. Section 188(a)(5), funds under this title shall be available to citizens and nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylees, parolees, and other immigrants authorized by the Attorney General to work in the United States.

Item 4 SELECTIVE SERVICE STATUS

Determine whether the individual has complied with the Selective Service requirements for eligibility for W.I.A. benefits.

Any male citizen or eligible non-citizen, born on or after January 1, 1960, who is at least 18 years of age but less than 26, must have complied with Section 3 of the Military Selective Service Act (50 U.S.C. App. 453) per Section 189(h) of the W.I.A. to be eligible for participation in any W.I.A. program.

WHO MUST REGISTER:

- Males who are between the ages of 18 and 26, unless exempt (see below).
- Members of the National Guard and Reserve Forces not on full-time active duty must register unless they have reached age 26 or are already registered.
- Men attending the Merchant Marine Academy.
- *Men who separate from active military duty for any reason before they turn 26.
- Men rejected for enlistment for any reason before turning 26.
- **Permanent resident aliens.
- Special (seasonal) agricultural workers (Form 1-688).
- **Undocumented (illegal) aliens.
- **Parolees and refugees who are aliens residing in this country.
- Handicapped men who live at home must register if they are reasonably able to leave the home and go into a public place. A friend or relative may help a handicapped man fill out the form if he is unable to do so by himself.

WHO IS EXEMPT FROM REGISTRATION?

- *A man who is on full-time active duty in the U.S. Armed Forces. Cadets and midshipmen at the service academies are included in the exemption.
- *Those who are unable to register on schedule due to circumstances beyond their control-for example, those who are hospitalized, institutionalized or incarcerated, do not have to register until they are released. After release, they have 30 days in which to register.

Department for Training and ReEmployment

- **Lawfully admitted nonimmigrant aliens (for example, those on visitor or student visas, visitor visas, and members of diplomatic or trade missions and their families) are not required to register.
- Special agricultural workers (Form I-688A).
- Physically or mentally disabled men who are continually confined to a residence, hospital, or institution.

Applies to all the above:

* Must register within 30 days of release unless already age 26, already registered when released, or exempt during entire period age 18 through 25.

** Residents of Puerto Rico, Guam, Virgin Islands, and Northern Mariana Islands are U.S. citizens. Citizens of American Samoa are nationals and must register when their permanent address is in the U.S. This also goes for a national or citizen of the Republic of the Marshall Islands or the Federal States of Micronesia if they live in the U.S. for more than one year for any reason, except as a student or employee of the government of his homeland.

Ineligible to Register

A man, once he turns 26, is ineligible to register. By failing to register before turning 26, a man generally will have permanently forfeited his right to certain benefits including federal student aid, job training, and federal employment. Failure to register is a felony punishable, upon conviction, by a fine of up to \$250,000 and/or five years in jail.

In 1986, a statutory provision was added to clarify that a non-registrant is not to be denied any federal benefit if he can demonstrate that his failure to register was not knowing and willful. The provision was added so that a man with an obvious disqualifying disability, such as total paralysis of limbs, or a man who has been honorably discharged from the armed services who believed that he was not required to register, would not be penalized. Congress believed it would be unfair to penalize men who honestly believe they did not have an obligation to register because of such disabilities or because they had been members of the armed forces.

Men, who are over age 26 and have failed to register, and are seeking government benefits tied to the registration requirement, must "show by the preponderance of evidence that their failure to register was not knowing and willful".

Although the Selective Service System does not make a determination that a male was or was not required to register, it will issue a "status information" letter based on evidence provided to it by the individual. Refer the individual to 1-847-688-6888 or Selective Service System, PO Box 94638, Palatine, IL 60094-4638 for information on this process.

On-Line Verification of Selective Service Registration

When an L.W.I.A. staff person has access to the Internet, registration with the Selective Service System (SSS) can be verified "on-line".

The SSS has provided information on how to use the Internet to verify that a man has registered with the organization.

1. Go to the website www.sss.gov/
2. Click on "check a registration".
3. When the on-line verification page appears, enter the last name of the participant, Social Security number, and his date of birth in the appropriate spaces.
4. Click on submit.

The following information appears on the screen:

Results of your search for the Selective Service record of:

Last Name:
Social Security
Date of Birth:

Selective Service Number: xx - xxxxxxx - x Date of Registration: xx/xx/xxxx
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Number:

To obtain written proof of Selective Service registration, "[CLICK HERE](#)" and follow the instruction on our "Registration Information" page."

To document that this information was obtained on-line, place a copy of the screen in the CRU.

PART B

DISLOCATED WORKER ELIGIBILITY

A dislocated worker is defined in W.I.A. Definitions Section 101(9).

Unemployment insurance claimants unemployed as a result of a mass layoff who have POSITIVE RETURN PROSPECTS with their last employer, and claimants unemployed because of a labor dispute in the establishment where they have been employed are assigned "B" status. A claimant assigned the status of "B" by UI is considered attached to the labor market and, therefore, NOT eligible for the Dislocated Worker Program. If the claimant can prove his status should not be considered "B" and UI changes his status to "A", he may be considered eligible at that time. Group A are claimants who definitely have depended on their work for their individual or family support and whose employment record indicates a "firm attachment" to the labor market including workers: (1) unemployed due to a temporary layoff with good return prospects but no definite recall date; (2) with a steady employment record who are unemployed due to lack of work; or (3) with a highly specialized employment record.

CATEGORY 1

Verify the applicant has been terminated or laid off or has received a notice of termination or layoff from employment (check the verification source used);

AND

Verify the applicant is either:

- 1) Eligible for or has exhausted entitlement to unemployment compensation (check the verification source used);

Note: The verification source must document the termination or layoff status of an individual. Therefore, if UI agency documentation is used as the verification, it must contain or substantiate the termination or laid off status, not simply that the individual is eligible to receive UI benefits.

OR

- 2) Verify the applicant has been employed for a duration sufficient to demonstrate *attachment to the workforce*, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that was not covered under a state unemployment compensation law.
NOTE: Two blocks must be checked. One block to verify *attachment to the workforce* (employer statement or pay stubs) and one block to verify not eligible for unemployment compensation (UI agency verification or employer statement);

AND

Explain why the applicant is *unlikely to return to a previous industry or occupation*.

CATEGORY 2

Verify the applicant has been terminated or laid off or has received a notice of termination or layoff from employment as a result of any permanent closure of, or any *substantial layoff* at a plant, facility, or enterprise. (Check whether it is a permanent closure or a substantial layoff and check the verification source used).

OR (when affected workers do not receive individual notices of closure)

Verify the applicant is employed at a facility where the employer has made a *general announcement* that such facility will close. (Provide the month, day, and year the announcement indicated the facility would close. Verify the affected worker's attachment to the employer. Indicate the media used for the *general announcement*. Check whether the closure will be within 180 days or less or more than 180 days).

NOTE: If the closure of the facility is within 180 days or less, allowable dislocated worker services (core, intensive, training, etc.) may be provided if it is determined such services are needed.

If the closure of the facility is going to occur in 181 days or more, intensive services §134(d)(3), training services §134(d)(4), and supportive services may **NOT** be provided.

CATEGORY 3

Verify the applicant was *self-employed* (includes farmers, ranchers, or fishermen) but is now *unemployed* (check the verification source used. Examples of business asset liquidation would include things such as sale of equipment and/or land);

AND

Explain how the reason for unemployment is a result of general *economic conditions* in the community in which the individual resides or because of *natural disasters*.

Note: If unable to document eligibility for an individual, who was self-employed, consider eligibility determination as an adult.

CATEGORY 4

Verify if the applicant is an individual who has been providing unpaid services to family members in the home (check the verification source used to document the relationship);

AND

Verify the applicant has been dependent on the income of another family member but is no longer supported by that income (**check the verification source used**);

AND

Verify the applicant is *unemployed* or *underemployed* and experiencing difficulty obtaining or upgrading employment. (If *underemployed*, denote the applicant's current DOT/ONET code and explain why they are experiencing difficulty upgrading their employment. If *unemployed*, explain why the applicant is experiencing difficulty obtaining employment).

PART C YOUTH ELIGIBILITY AND ECONOMIC ELIGIBILITY

If determining economic eligibility, check appropriate block (youth or adult).

Complete Item 1(1a-1d), 2 and 3 for **all youth**. A youth eligible to receive W.I.A. services is defined in the W.I.A. Section 101(13) as an individual who is age 14 through 21, is low income, and meets one of the listed categories (barriers).

Complete Item 1a-1c for **adults** if a local area is utilizing a priority policy that targets low-income adults.

ECONOMICALLY DISADVANTAGED

Check 1a, 1b, or 1c to support the economically disadvantaged criteria for the individual.

Item 1a Determine if the individual is eligible using the criteria of *cash public assistance, food stamps, homeless, or foster child* and Title V – Older Americans. If the individual fits in one of these categories, mark the appropriate documentation source and the appropriate criteria. **Symbols denote the documentation acceptable for each criterion.**

Item 1b Low Income Criteria

If the individual is NOT eligible under the criteria in Item 1a, calculate family size and family income to determine if low-income criteria are met.

Family Size Enter numbers of individuals in the *family* and obtain documentation.

Documentation Examples:

- Decree of Court – documents divorce, legal guardian, status, adoption, etc.
- Birth Certificate – documents parent of dependent children

Individual/Family Income

Use income of all family members. If the individual is *one-in-a-family*, only use income of the individual.

EXCLUSIONS FROM INCOME

Any type of income **NOT** listed **here is** counted as **INCOME** to determine economic eligibility.

- Unemployment compensation.
- Child support payments, including foster care child payments.
- Cash Public Assistance payments [including KTAP (Kentucky Temporary Assistance Program), SSI (Supplemental Security Income), RCA (Refugee Assistance), and GA (General Assistance)].
- Old Age and Survivors Insurance Benefits received under Section 202 of the Social Security Act (42 U.S.C. 402). These are individuals who are receiving benefits for old-age (attained age 62) and survivors benefits (spouse, widow(er), dependent child or parent).
- Financial Assistance under Title IV of the Higher Education Act. (i.e. Pell Grants, CAPS, FSEOG and Federal Work Study, etc.) OR other federal programs whose law/regulations state that the income NOT be considered for the purpose of determining eligibility for any Federal or federally assisted program based on need.
- Military income, according to Title 38 of the United States Code, means:
 - (1) any amounts received as pay or allowances by any person while serving on active duty for the period of time during which such person served on such active duty.
 - (2) amounts received by an eligible veteran under the following chapters of Title 38 of the United States Code
 - chapter 11 (compensation for service-connected disability or death)
 - chapter 13 (dependency and indemnity compensation for service-connected deaths),
 - chapter 30 (all-volunteer force educational assistance program),
 - chapter 31 (training and rehabilitation for veterans with service-connected disabilities)
 - chapter 35 (survivor's and dependent's education assistance), and
 - chapter 36 (education benefits).

- (3) amounts received by an eligible person under chapters 13 and 35 listed above,
 - (4) amounts received by an eligible person under chapter 106 (Educational Assistance for Members of the Selected Reserve), and
 - (5) allowances, earnings, and payments to individuals participating in other W.I.A. Title I programs.
- Allowances, earnings, and payments to individuals participating in programs under Title I of WIA are not considered as income for purposes of determining eligibility for and the amount of income transfer and in-kind aid furnished under any Federal or Federally assisted program based on need other than as provided under the Social Security Act (42 U.S.C. 30a et seq.). Federal Regulations §667.272

If the computation shows that total income is within the income limits of the Low-Income Criteria (LIC) chart, mark block in 1b.

If the computation in 1b shows that the income exceeds the LIC for the family AND the applicant is disabled, go to block 1c.

Helpful Hints When Calculating Income:

- Money wages and salaries before any deductions.
- Net receipts from non-farm self-employment (receipts from a person's own unincorporated business, professional enterprise, or partnership **after** deductions for business expenses).
- Net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses).

Methods for Calculating Income

When calculating the amount of income in determining eligibility, use one of the following methods:

Straight-Pay or Salary Method

The minimum number of pay stubs is two (2) stubs, if paid weekly, and one stub if paid bi-weekly, bi-monthly, or monthly.

The applicant supplies a sample of pay stubs covering the most recent twelve months of family income. If upon reviewing the pay stubs, the intake worker determines that the wage information on the stubs is the same, i.e., there is no variation in the wages for any of the pay stubs submitted, calculate the income. Based upon the wages indicated on the appropriate number of pay stubs, multiply the gross income by the number of pay periods in six months. If the pay is weekly, multiply by 26 for a six month gross income and multiply by 2 to obtain an annualized figure.

EXAMPLE:

Five (5) pay stubs are provided indicating gross wages of \$548.00 each. The pay stubs are sporadic and cover a period of three (3) months. The pay frequency is bi-weekly. Staff would multiply the gross wages indicated on the pay stub by the frequency of occurrence.

i.e., $13 \times \$548.00 = \$7,124.00$ (six (6) month gross income $\times 2$ for annual)

Average-Pay Method

A sample of six (6) pay stubs (one for each month worked) are submitted which show variations in the gross earnings. The variations may result from overtime, lost time or work for different employers.

To calculate the six (6) month income, determine the average gross earnings based upon the number of pay stubs provided.

To determine the average gross earnings:

- Total the gross earnings of all the pay stubs provided and
- Divide the result by the number of pay stubs.

The result is the average gross earning per pay period.

After determining average gross earnings:

- Determine the pay frequency and
- Multiply the average gross earnings by the number of pay periods in six (6) months.

EXAMPLE: Participant provides staff with six (6) pay stubs with gross earnings of; \$534.00, \$475.00, \$398.00, \$534.00, \$498.00, and \$534.00. The pay frequency is weekly.

ADD: $\$534.00 + \$475.00 + \$398.00 + \$534.00 + \$498.00 + \$534.00 = \$2973.00$

DIVIDE: $\$2973.00$ divided by 6 = $\$495.50$ (Average weekly gross earnings)

Year-to-Date Method

Under the year-to-date method of calculating the six (6) month gross income, the participant provides recent (within last two (2) months prior to application of the last month worked) pay stubs with cumulative year-to-date gross earnings indicated on the pay stub. The cumulative year-to-date gross earnings indicate the gross earnings up to the date of the pay period ending date on the pay stub. To compute the income, count the number of pays that have occurred since January 1, and divide that number into the gross year-to-date earnings indicated on the pay stub (After this computation, the steps are the same as for the average pay method.) The result of this computation (average gross income period pay period) is then multiplied by the number of pay periods in six (6) months to determine the gross earnings.

EXAMPLE: Participant provides a recent pay stub whose gross year-to-date earnings is \$13,756.00. The pay period ended September 30. The pay frequency is bi-weekly. Upon counting the number of pays that have occurred since January 1, it is determined that the participant has been paid 19 times. Calculation of the gross six (6) month income would be done as follows:

DIVIDE: $\$13,756.00$ divided by 19 bi-weekly pays = $\$724.00$ per pay

MULTIPLY: $\$724.00 \times 13 = \$9,412$ (6 month gross income x 2 for annual)

OR (if pay is weekly)

Intermittent Work Method

When an applicant has not had steady work with one (1) or more employers, he/she should supply as many pay stubs as possible and complete a W.I.A. 206 explaining all missing pay stubs and non-work periods during the last six (6) months. In such cases, total all wages for the six-(6) month period and multiply by 2 to obtain an annualized figure.

If the applicant reports little or no countable income, as shown above, he/she should indicate other resources relied upon for living expenses during the last six (6) months on a W.I.A. 206. Such resources may include such things as unpaid debts, gifts, loans, unemployment compensation, etc.

Item 1c Complete this section when an *individual with a disability* is not eligible due to family income. Enter the individual's income ONLY and compare to the LIC chart for a family size of one. Mark the appropriate block(s) to identify the documentation used to support the disability **AND** income.

Item 1d ECONOMICALLY DISADVANTAGED CRITERIA MET

If the individual/family is determined to meet economically disadvantaged criteria, mark "yes".

If the individual/family has too much income to meet economically disadvantaged criteria, mark "no" and if the L.W.I.A. has approved the use of the 5% Exception for Youth, proceed to item 3.

Item 2 **YOUTH BARRIER**

If "**yes**" is marked in item 1d, enter barrier, if appropriate. If the youth does NOT have one of these barriers, skip to Part E and complete.

Barriers for Economically Disadvantaged Youth
School Dropout
Pregnant or Parenting
<i>Offender</i>
<i>Homeless</i>
<i>Runaway</i>
<i>Foster Child</i>
<i>An individual (including a youth with a disability) who requires additional assistance to complete an educational program, or to secure and hold employment.</i>
<i>Deficient in Basic Literacy Skills</i>

Item 3 **YOUTH 5% EXCEPTION**

According to the W.I.A. Section 128 (c)(5), up to five percent of youth may be individuals who do not meet the income criteria for eligible youth, provided they meet one of the verified barriers.

If "**no**" is marked in item 1d, and the LWIA is allowing the use of the 5% window, enter the appropriate 5% barrier. If the individual does NOT have one of these barriers, skip to part E and complete.

Barriers for 5% Exception
School Dropout
Pregnant or Parenting
Offender
Homeless
Runaway
<i>Basic skills deficient</i>
<i>One or more grade levels below the grade level appropriate to the individual's age.</i>
<i>Possess one or more disabilities, including learning disabilities.</i>
<i>Face Serious Barriers to Employment as identified by the Local Board.</i>

**PART D
APPLICANT SECTION**

Applicant must sign and date the form. The signature of a parent is required for those applicants who are under 18 years of age, unless the individual is considered a family of one.

If the L.W.I.A. uses a pre-application and the parent or legal guardian signs it, the parental signature need not be completed on the W.I.A. 20 if all the official information remains the same on the two forms.

If any information required for eligibility determination has changed or is updated, then a new parental signature is necessary.

If the parent does not sign a pre-application in the presence of staff, then a W.I.A. 210 Part B must be completed to document the telephone verification of the parent signature.

BE SURE THE APPLICANT READS AND UNDERSTANDS WHAT HE/SHE IS SIGNING.

**PART E
W.I.A. Title I Program(s) Eligible For:**

Check the appropriate programs(s) for which the individuals is eligible (**dislocated worker, adult, youth and national emergency grant**) **OR** indicate the part and item number at which point an individual is determined ineligible.

If determining eligibility for a **national emergency grant**, a grant specific eligibility form is to be completed in addition to the W.I.A.-20.

The authorized staff completing the form must provide his/her signature and date at time of form completion.

**PART F
Update of W.I.A. Title I Program(s) - Eligible For:**

Copy the W.I.A.-20 and check update box on page 1. Complete and **HIGHLIGHT** all updated information and attach all appropriate documentation.

If updating eligibility for a **national emergency grant**, a grant specific eligibility form is to be completed in addition to the updating of the W.I.A.-20.

The authorized staff completing the update must provide his/her signature and date at time of form completion.

DISTRIBUTION

Place original W.I.A.-20 form in individual's CRU file.
When applicable, attach update form to original W.I.A.-20 form.

W.I.A. - 20 ELIGIBILITY DEFINITIONS

Attachment to the Workforce

Attachment to the workforce is defined as employed for a duration of 12 calendar weeks by an employer from whom an individual has received a termination or layoff notice.

Basic Skills Deficient

Basic Skills Deficient means the individual has English reading, writing, or computing skills at or below the 8.9 grade level using acceptable testing instruments.

Cash Public Assistance

If an individual receives, or is a member of a family that receives, cash payments under a Federal, State, or local income-based public assistance program, the individual is considered to be economically disadvantaged.

Deficient in Basic Literacy Skills

An individual is deficient in basic literacy skills when he/she computes or solves problems, reads, writes, or speaks English at or below grade level 8.9 OR is unable to compute or solve problems, read, write, or speak English at a level necessary to function on the job, in the individual's family or in society.

Dependent Child

A dependent child is an individual who is under 18 years of age unless they meet the definition of *one-in-a-family*.

An individual who is age 18 - 24 years of age and a full-time student (as defined by a high school, vocational school, or college) is also a dependent, unless the individual can document that he/she is earning more than ¼ of the Low Income Criteria Chart for Family Size of One.

Economic Conditions Resulting in Dislocation of Self-employed Individual

Economic conditions resulting in the dislocation of a self-employed individual include:

- (1) Failure of one or more businesses to which the self-employed individual supplied or obtained substantial portion of products or services; or
- (2) Substantial layoff(s) from, or permanent closure(s) of, one or more plants or facilities that support a significant portion of the state or local economy.

Family

Two (2) or more persons, related by blood, marriage or decree of court, who are living in a single residence and are included in one (1) or more of the following categories:

1. A husband, wife, and dependent children;
2. A parent (regardless of age) or legal guardian and dependent children;
NOTE: If a situation occurs where a child lives an equal amount of time with each parent due to a divorce (joint custody), consider the child's residence that of the mother, unless the father documents otherwise.
3. A husband and wife.

Food Stamps

An individual is a member of a household that receives food stamps or has been determined within the 6-month period prior to application for the program involved to be eligible to receive food stamps is considered to be economically disadvantaged. The individual must be included in the determination of the amount of food stamps received by a group of individuals making up a food stamp household.

Foster Child

Children on behalf of whom state or local government payments are made.

General Announcement

A general announcement is defined as a proclamation made by an employer on television, radio, or in a newspaper of general circulation in the affected area of the facility to be closed and must include the planned date of the closure.

Homeless

Per 42 U.S.C. 11302, a homeless individual is:

1. an individual who lacks a fixed, regular, and adequate nighttime residence; and
2. an individual who has a primary nighttime residence that is—
 - a) supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - b) an institution that provides a temporary residence for individuals intended to be institutionalized; or
 - c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

For purposes of this Act, the term "homeless" does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law.

Individual with a Disability

As defined in section 3 of the Americans with Disabilities Act of 1990(42 USC 12102), the term "disability" means, with respect to an individual –

- A) a physical or mental impairment that substantially limits one or more of the major life activities (functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working) of such individual;
- B) a record of such an impairment; or
- C) being regarded as having such impairment.

Individual (including a youth with a disability) who requires additional assistance to complete an educational program, or to secure and hold employment.

A youth is considered in need of additional assistance if he/she has one or more of the following documented characteristics:

- Is an individual with a disability;
- Does not possess skills (work readiness or occupational) necessary to secure and retain employment allowing for self-sufficiency, documented through the initial assessment process;
- Difficulty with social interaction or behavioral problems as documented by school or mental health official;
- History of family disruptions, such as divorce, legally separated parents, family violence, alcohol or drug abuse as verified by court or government agency document;
- Receiving services provided by a mental health professional;
- Functioning at least one or more grade levels below his/her age group in the areas of reading and math (for youth 18-21 if they are functioning at grade 11 or under);
- A student who has failed two (2) or more subjects during the prior two (2) years of school attendance;
- A student who has been suspended either in school or at home two (2) or more times during the past school year;
- A student who has unexcused absenteeism from school for a total 25 or more days during the past school year;
- A student participating in an alternative program/setting.

Involuntary Separation from the Military

A member of the armed forces shall be considered to be involuntarily separated for purposes of this chapter if the member was on active duty or full-time National Guard duty on September 30, 1990, or after November 29, 1993, or, with respect to a member of the Coast Guard, if the member was on active duty in the Coast Guard after September 30, 1994, and—

- (1) In the case of a regular officer (other than a retired officer), the officer is involuntarily discharged under other than adverse conditions, as characterized by the Secretary concerned;
- (2) In the case of a reserve officer who is on the active-duty list or, if not on the active-duty list, is on full-time active duty (or in the case of a member of the National Guard, full-time National Guard duty) for the purpose of organizing, administering, recruiting, instructing, or training the reserve components, the officer is involuntarily discharged or released from active duty or full-time National Guard (other than a release from active duty or full-time National Guard duty incident to a transfer to retired status) under other than adverse conditions, as characterized by the Secretary concerned;
- (3) In the case of a regular enlisted member serving on active duty, the member is (A) denied reenlistment, or (B) involuntarily discharged under other than adverse conditions, as characterized by the Secretary concerned; and

- (4) In the case of a reserve enlisted member who is on full-time active duty (or in the case of a member of the National Guard, full-time National Guard duty) for the purpose of organizing, administering, recruiting, instructing, or training the reserve components, the member (A) is denied reenlistment, or (B) is involuntarily discharged or released from active duty (or full-time National Guard) under other than adverse conditions, as characterized by the Secretary concerned.

Natural Disasters

Natural disasters include, but are not limited to, hurricanes, tornadoes, storms, floods, high water, wind-driven water, tidal waves, tsunamis, earthquakes, volcanic eruptions, mudslides, droughts, fires, explosions, or other catastrophes.

Offender

Any adult or juvenile who:

- is or has been subject to any stage of the criminal justice process, for whom services under this Act may be beneficial; or
- requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.

One-in-a-Family

1. An individual currently incarcerated for at least six (6) months or sentenced by the courts to a confinement of six (6) months or more in a penal institution, correctional facility or jail;
2. An individual in a court-ordered residential group home/treatment center; or
3. An individual ages 18 - 24 who is a full-time student and can document that he/she is earning more than ¼ of the Lower Income Criteria Chart for Family Size of One.
4. An individual age 18 or over (not full-time students ages 18-24, see #3) and is not married.
5. An individual under 18 who:
 - a. can document living outside of his/her parents home for at least the past 6 months, or
 - b. a member of the Armed Forces.

Runaway

A person under 18 years of age who absents himself/herself from the home or place of legal residence without the permission of parents or legal guardian.

Self-employed

Self-employed includes professionals, independent trades people, farmers, ranchers, fishermen, and other business persons who own and operate their own business and have no other full-time employment.

Substantial Layoff (Definition for eligibility purposes)

Substantial layoff means any reduction-in-force which is not the result of a plant closing and which results in an employment loss at a single site of employment during any thirty (30) day period for:

- a. at least 33 percent of the employees (excluding employees regularly working less than 20 hours per week) and at least 50 employees (excluding employees regularly working less than 20 hours per week); or
- b. at least 500 employees (excluding employees regularly working less than 20 hours per week).

Underemployed

An individual whose job is considered below his/her skill level (based on education and experience).

Unemployed

An unemployed individual is one who did not work during the seven (7) consecutive days prior to application, who made specific efforts to find a job within the past four (4) weeks prior to application, and who was available for work during the seven (7) consecutive days prior to registration.

Unlikely to Return to a Previous Industry/Occupation

Unlikely to return to a previous industry/occupation means that in the worker's local labor market area, the same or similar job available, including a similar job is not in another industry, or the worker does not meet required qualifications for same or similar jobs available without receiving staff-assisted WIA services. This may be verified by DES recent job openings, job advertisements in the local newspaper, or local labor market information.

SOURCE DOCUMENTATION FORM TITLES

DD-1173

Military dependent's ID card

DD-214

Report of Transfer or Discharge Paper from the military.

INS I-94

Arrival/Departure record indicating unexpired employment authorization.

INS Form I-151

Alien Registration Card

INS Form I-179

For use of Resident Citizen in the United States.

INS Form I-197

U.S. Citizen ID Card

INS Form I-327

Unexpired Reentry Permit

INS Form I-551

Permanent Resident Card

INS Form I-571

Unexpired Refugee Travel Document

INS Form I-688

Unexpired Temporary Resident Card.

INS Form I-688A

Unexpired Employment Authorization Card

INS Form I-688B

Unexpired Employment Authorization Document issued by the INS, which contains a photograph.

INS Form N-550 or N-570

Certificate of Naturalization

INS Form N-560 or N-561

Certificate of U.S. Citizenship

IRS Form Letter 1722

Official document from the Internal Revenue Service (IRS) verifying Social Security number.

KAMES Screen (Kentucky Assistance Management System)

Used to document food stamp status.

Medical Card Showing Cash Grant Status

Fourth digit of Case Number must be either:

- “C” - Children less than 18 years old or are in full-time school and are expected to graduate prior to their 19th birthday, and whose caregiver relatives, first and second parents who meet the technical and financial criteria which was in place for the AFDC program on 7-16-96. Currently these families receive TANF.
- “W” - The same as program code C, except the primary wage earner parent is unemployment. These families receive a TANF payment.
- “A” - Aged individuals are 65 years old or older and receive Supplemental Security Income (SSI).
- “B” – Blind individuals who receive SSI.
- “D” – Disabled individuals who are totally and permanently disabled and receive a SSI payment.
- “X” – Foster care children under the supervision of DSS who receive a Title IV E money payment.

Vital Statistics VS-26

Verification of birth date from Vital Statistics Office. Can use comparable form from states other than Kentucky.

W-2

Employer Wage and Tax Statement

WIA- 210 Part A

Title I Eligibility Documentation - Applicant Statement.

WIA-210 Part B

Title I Eligibility Documentation - Document Inspection and Telephone Verification.

